US³ Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended. Failure to compty may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Esp. Only		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
E GORDA		
File Number U 4658	2 Fiscal Year Covered From	
THE HUMBER OF THE PARTY OF THE	1 / 1 / 2004 Through 12 / 31 / 2004	
Name and address of person filing	4 Name file number and address of labor organization	
Name Gerald E Pierce	Name Laborers International Union Local 579	
·	Labor Organization File Number 0/9670	
PO Box Bldg Room No if any	PO Box Building and Room Number if any	
Street 755 Castleton Rd	Street 1203 North 6th Street	
City Denton	City St Joseph	
State Kansas ZIP Ccde + 4 66017	State Missouri ZIP Code + 4 64501	
Position in labor organization Business Manager Trustee	Sec Trea	
A. Held an interest in engaged in transactions (including loans) with nonetary value from an employer whose employers your organi	or derived income or other economic benefit of zation represents or is actively seeking to represent	
Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name	_ -	
Trade Name if any	_	
	-	
PO Box Bidg Room No if any		
PO Box Bidg Room No if any	7.b Amount.	
	7.b Amount.	
Street	7.b Amount.	
	7.b Amount.	
Street	7.b Amount.	
Street City State ZIP Code + 4	7.b Amount.	
State ZIP Code + 4 16. Signature and verification. The undersigned declares under penalt	Signature by of Perkury and other applicable penalties of the law that all of the information	
Street City State ZIP Code + 4 16. Signature and verificatios. The undersigned declares under penalt	Signature by of Perjury and other applicable penalties of the law that all of the information panying documents), has been examined by the signatory and is to the best of the	
State ZIP Code + 4 16. Signature and verification. The undersigned declares under penalt submitted in this report (including the information contained in any accommod to the contained in this report (including the contained in any accommod to the contained in this report (including the contained in this report (including the contained to the contain	Signature by of Perjury and other applicable penalties of the law that all of the information panying documents) has been examined by the signatory and is to the best of the e section on penalties in the instructions)	
State ZIP Code + 4 16. Signature and verification. The undersigned declares under penalt submitted in this report (including the information contained in any accommod to the contained in this report (including the contained in any accommod to the contained in this report (including the contained in this report (including the contained to the contain	Signature by of Perjury and other applicable penalties of the law that all of the information panying documents) has been examined by the signatory and is to the best of the	

ADDITIONAL

Name of Person Filing Gerald Pierce	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se ling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Capitol Plaza Hotel Trade Name if any PO Box Bidg Room No if any Street 415 McCarthy City Jefferson City State Missouri ZIP Code + 4 65101	9 Business deals with a Labor Organization X b Trust C. Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Construction Industry Laborers Pension Fund Trade Name If any PO Box, Bidg Room No If any	11 a Nature of such dealing Provides penion benefits to LIUNA members			
Street 116 Commerce Drive City Jefferson City State Missouri ZiP Ccdo + 4 65109	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received reimbursement for 2 nights stay for pension trustee meetings			
	12 b Amount \$186			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name end address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
P O Box Bldg Room No if any Street City State ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.			

File Number U-

ADDITIONAL

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Name	or rerson	FILLING	Gerald	PIETCE

File Number U

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Midwest Region Laborers H & S Fund	a Labor Organization	
Trade Name if any	b Trust	
PO Box Bidg Room No if any		
Street 1 N Old State Capitol Plase Ste 525	c Employer	
City Springfield		
State Illinois ZIP Codo + 4 62701		
10 if 9.b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name	Provides health and safety information for LIUNA members	
Trade Name if any		
P O Box Bidg Room No if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Received meal at Tri-Funds conference	
	12.b Amount \$27	